



Tolleson Union High School District
Class/ Activity Fee Waiver/ Payment Plan

2016-2017

☐ TUHS ☐ WHS ☐ LCHS ☐ CCHS ☐ SLHS ☒ UHS Date: _____

Name of Student: _____ DOB: ____/____/____
(Last) (First)

Student ID #: _____ Student SAIS #: _____ Grade: _____

Currently Participating in Free/ Reduced Price Lunch? ☒ Yes ☐ No (Information will be verified)

Note: Must be enrolled in program at time of registration

Fee Waiver/ Payment Plan request letter sent to parent? ☒ Yes ☐ No

Requesting Fee Waiver/ Payment Plan for Class/ Activity Fee

Total Amount: _____

I hereby certify that the above information is true and correct.

_____ Date: _____
Parent Signature MM/DD/YYYY

_____ Date: _____
Student Signature MM/DD/YYYY

Office Use Only Below this Line

Payment Plan ☐ Yes ☐ No Payment Plan Schedule /Amount _____/_____

Waiver ☐ Yes ☐ No Fee Waiver/ Amount _____/_____

School Community Hours ☐ Yes ☐ No Description _____

Comments (Below)

School Administrator Approving Waiver Fee/ Payment Plan: _____

Date: ____/____/____